

City of Tiffin, Ohio
INCOME TAX DEPT.
BUSINESS & INDIVIDUAL QUESTIONNAIRE

1. Name of Business/ Individual: _____
Address: _____
City, State, Zip + 4: _____
2. Type of Ownership: () Individual Proprietorship () Corporation () Limited Partnership
() Individual () Sub Chapter S () Non-Profit () Association
3. Fed. ID No. / Social Security No.: _____
4. Nature of Business: _____
5. Location of Job Site: _____
6. Name/Address Previous Owner: _____
7. Do You Employ One or More Persons Now or Expect to in the Future?
Number of Employees Working in TIFFIN: _____
8. Date Business Started: _____ Date of First Payroll: _____
9. Accounting Period for Federal Income Tax Purposes:
Calendar Year Ending December 31 or Year Ending
10. Is the Above Address Main Office or Branch?
11. Address to Which Tax Forms are to be Mailed: Send Withholding Forms to:
Name: _____ Name: _____
C/O: _____ C/O: _____
Address: _____ Address: _____
City, State, Zip+4: _____ City, State, Zip+4: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
E-Mail: _____ E-Mail: _____
12. (For Contractors Only) Will Some of the Work be Sub-contracted to Others? Yes No
If, Yes, Please Remit a List Including, Names, Addresses, & Phone Numbers.

The Information Hereby Submitted, Including Any Accompanying Lists and Statements, Is True and Correct.

Signature _____ Date _____ Phone _____

Mail Completed Form To:

If Questions Contact

TIFFIN CITY INCOME TAX
PO BOX 518
TIFFIN, OH 44883-0518

TIFFIN CITY INCOME TAX
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